

**DEPARTMENT OF STATE HEALTH SERVICES**

Regulatory Licensing Unit / AVC Permit Program

1100 W 49th Street Austin TX 78756

(512) 834 - 6600, ext. 2440

www.tdh.state.tx.us/beh/ps**OFFICE USE ONLY**
BUDGET ZZ109 / FUND 125
PERMIT # _____**Application For 2-Year Abusable Volatile Chemical (AVC) Sales Permit**To apply **online** for a new or renewal AVC Sales Permit, please go to : www.texasonline.com**Business Location Information**

(actual physical location at which an abusable volatile chemical is sold)

Retail Location Name:		Sales Tax ID #:	
Retail Location Address:			
City:	State:	Zip:	County:

Parent Company Information

The following information is required of all corporations/companies that own or operate multiple retail locations in Texas that require AVC Sales Permits. To facilitate renewal of multiple permits under a single parent company, the AVC Permit Program has assigned a common expiration date and issued a parent company number for your corporation/company in order for all of your retail locations' permits to expire at the same time. Please provide the following information:

Parent Company Name:			
Parent Company #: (issued by AVC Permit Program)		Permit Expiration Date:	

Mailing Address And Contact Information

(address where permit will be mailed, e.g., address of corporation, company, or home.)

Mailing Address: (if different from business location)			
City:	State:	Zip:	
Contact Name:		Contact Phone:	

Permit Fee

- Permit fee for a first time applicant is **\$59.00 (for a 2-year permit) per location.**
- If you have multiple application(s) you **may** submit your payment in one check.
- Fees may be paid by money order, certified check, personal check, or business check. (Cash **CANNOT** be accepted by mail).
- Make checks or money orders payable to: **DSHS – AVC- ZZ109 / 125.**

Reason For Applying (check all that apply)

<input type="checkbox"/> New Permit	<input type="checkbox"/> Permit Renewal	<input type="checkbox"/> Change of Name / Ownership / Location	Permit Number:
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Certification Statement

I swear or affirm that all information in this completed application is true and correct. I further certify by signature hereon that I am an officer of this company or am otherwise authorized to sign this document on behalf of this company/corporation. I further certify that I have read and understood the requirements of the AVC (Abusable Volatile Chemical) Act, Texas Health & Safety Code, Chapter 485.

Signature:		Title:	
Name (printed):		Date:	

Please note that incomplete applications and inadequate fee payments will delay the issuance of AVC Permits.